

ASC UTILIZATION REPORT
State Form 49933 (R3/6-05)
INDIANA STATE DEPARTMENT OF HEALTH
Acute Care

I. Center Identification

Organization Name	WHITEWATER SURGERY	CENTER
Street Address	1900 CHESTER BLVD	
City	RICHMOND County WAYNE	
Name of Individual completing report	G. MOOTE RN Email Address of Administrator	mporfidio@wweyecenters.com
ASC Web Address:	WWW. Whitewater Date of the end of eyecenters. com the Fiscal Year:	2012
Accredited? Yes: \(\section \) No:	Name of Accrediting Body AAAHC	Deemed Status Yes: No: 🗶
Corporate Tax Status	For Profit X Non	profit
II. Identification of	Surgical Resources	
A. Number of C	Operating Rooms	
Class A 2	Class B 3 Class C	

B. Employees (Full Time Equivalents) at end of Fiscal Year

	Physician (MD/DO)	Practitioners (Dentists, etc)	RN/LPN	Surgical Tech	Other Employees
Employees	2	N/A	6	8	1.0

C. Laboratory Services

Have On Site Laboratory Yes_ No: X	Have Off-Site contracted labora Yes: X No:	atory	Name of Contracted Lab Reid Hospital + Healthcare 36				
CLIA Certificat Type of CLIA C	te Number Certificate (Check (One)					
Certificate of Compliance:	Certificate of Accreditation:	Certifica Waiver:		Certificate for Provider Microscopy Procedures :			
		/	•				

D. Ancillary Services (Check if service available during fiscal year)

	Radiology	EKG	Pharmacy
On Site by ASC			
Contractual or by Referral	X	X	X

III. Utilization Statistics

A. Total Patients and Procedures

TIME PERIOD	NUMBER OF PATIENTS	NUMBER OF PROCEDURES
Since the Beginning of the Year	4310	4918

B. Ten Most Frequent Surgical Procedures Performed by Demographic Characteristics

Number of Procedures based on age and gender characteristics

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CPT	TOTAL	FEMALES	1-17 YEARS	18-64 YEARS	AGE 65+ YEARS
CODE	PROCED.				
60984	2537	1361	1	523	2013
66821	809.	516.	0	137	672
6.5855	554	324		230	323
66182	136	59	0	41	95
15823	92	47	0	21	7/
67311	91	45	75	//	5
69924	40	17	0	3	37
69917	40	21	0	4	36
11441	34.	15	0	/4	20
67314	26	10	17	8	
All			101	6	/
Others	559	<i>3</i> 87	136	272	/5/
Total	4918	2802	230	1264	3424

C. ASA Risk Classification for Surgical Procedures

Please identify the number of patients by the risk categorization recommended by the American Society of Anesthesiologist. Class 4 combines the ASA P5 and P6 categories. The web site can be found at http://www.asahq.org/clinical/physicalstatus.htm

ISDH	ASC UTILIZATION	REPORT	Page 3
# of Patients with no	# of Mild Systemic	# of Severe	# of Disease Threatening
medical problems	Disease	Systemic Disease	Life (Class 4)
(Class 1) 1530	(Class 2) 1937	(Class 3) 843	Ø

1520	1027	012	
1000	1701	07.7	

IV. Outcomes from Surgical Procedures

A. Number of Patient Transfers to Inpatient Facilities

STABLE	NUMBER OF	UNSTABLE	NUMBER OF
TRANSFERS	TRANSFERS	TRANSFERS	TRANSFERS
Additional		Additional Intervention	
Intervention	8	Therapy	
Therapy	.0		
Antibiotic Therapy		Anaphylactic Reaction	,
Bleeding		Angioplasty PTCA	
		Procedure	
EKG Changes		Breathing Difficulties	
	-	Respiratory Distress	
Nausea - Vomiting		CABG CV Surgery	
Observation		Chest Pain	
Pain Control		EKG Changes	
IV Therapy		Seizures	<i>V</i>
Planned Referral	O	Unstable Medical	
and Transfer	N. Contraction of the contractio	Condition	<i>1</i>
Total Stable	a	Total Unstable	
Transfers	<i>y</i> 0	Transfers	

B. Other Outcomes

B. Otner Outcomes		
	Number	% of Cases
Number of Patients with a Post-Surgical Wound Infection within		00/
30 days following a surgical encounter		0 /0
	-	
Number Of Patient Deaths Occurring in the Center		
Number of patients who stayed in the ASC greater than 24 hours:	O patien	ts

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